

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90125 020 ****61.25

DOCUMENT # N39377

1. Entity Name
HIGH POINT OF FORT PIERCE PROPERTY
ASSOCIATION, INC.



Principal Place of Business
3266 SOUTH FEDERAL HIGHWAY
HIGH POINT
FORT PIERCE, FL 34982

Mailing Address
133 LAKES END DRIVE
SUITE D-1
FORT PIERCE, FL 34982 US



03312006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNETT, JANE L ESQ
CORNETT, GOOGE & ASSOCIATES, P.A.
401 E OSCEOLA ST
STUART, FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DIPOLMA, STEVE
STREET ADDRESS 2728 SERENITY CIRCLE A
CITY-ST-ZIP FORT PIERCE, FL 34981

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME MCEVOY, DANIEL
STREET ADDRESS 1023 A PLEASANT RUN DR
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☒ Change ☐ Addition
NAME UPD KAKY KAKA RAKA
STREET ADDRESS 516-D CROOKED LAKE LANE
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE TSD ☒ Delete
NAME MILLER, ROSEMARY
STREET ADDRESS 1012 A PHEASANT DR.
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☒ Change ☐ Addition
NAME TSD JAMES TAVARES
STREET ADDRESS 1238-D SOUTH LAKES END DR
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/06